

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

AP

PLAINTIFF		COURT CASE NUMBER
Develle R. Spencer (#2006-0097519)		08 C 262
DEFENDANT		TYPE OF PROCESS
Officer Walsh, et al.		Summons and Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Chicago Police Officer Walsh, Badge Number: 5273 - Chicago Police Dept.	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	3510 South Michigan Avenue - Chicago, IL 60653	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
<input checked="" type="checkbox"/> Develle R. Spencer (#2006-0097519) Cook County Jail P.O. Box 089002 Chicago, IL 60608		1
		Number of parties to be served in this case
		4
		Check for service on U.S.A.
		X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

APR 22 2008 APR 22 2008 PH

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		3/24/08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY -- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TR.	Date 3/24/08
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Mrs. MARTIN (Legal Aid)		

Address (complete only if different than shown above)		Date of Service	Time	am
		4/16/08	1:30	pm
		Signature of U.S. Marshal or Deputy		
		<i>[Signature]</i>		

Service Fee 48.00	Total Mileage Charges (including endeavors) .48	Forwarding Fee 0	Total Charges 48.48	Advance Deposits 0	Amount owed to U.S. Marshal or 48.48	Amount of Refund 0
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REMARKS:

1 DUSM  
1 Hour  
1 mile.